

Cervical Course Registration Form

October 14-15, 2017

Workshop Title: Cervical Course

Name: _____

Address: _____

City: _____

State: _____ ZIP: _____

Home Phone Number : _____

Cell Phone Number : _____

Email Address : _____

Employer: _____

PT License State : _____

PT License Number: _____

Credit Card Type: Circle One

Master Card

Visa

American Express

Discover

Credit Card Number* : _____ Expiration Date : _____

* Please note your credit card charge will be from ProEx Physical Therapy.

Please enclose a check for \$390.00 per course or \$750.00 for both Lumbar and Cervical courses

payable to: **The Institute of Orthopaedic Manual Therapy**

Send payment to the following address:

The Institute of Orthopaedic Manual Therapy, c/o ProEx Physical Therapy

210 Commerce Way Suite 120

Portsmouth, NH 03801

For more information, please call (781)229- 9353 or visit our website at www.iomtwoburn.com.